



LOWER RISK ELEMENTARY FIELD TRIP PARENT CONSENT FORM

Principal's approval: _____

Karla Cheung

Please return before: Fri. March 6th

Activity: Skeetchestn Health & Career Fair Teacher: All Classes
Location: Skeetchestn Community School Date(s): Wednesday, March 11, 2026
Departure time from school: 10:00 AM Arrival time back at school: 2:30 PM

Overview Itinerary for the Field Trip Program:

Students will travel by bus to Skeetchestn Community School for their Health & Career Fair. There will be many different presenters giving healthy advice and answering questions about furthering education, training and work opportunities

Transportation: Walking to and from the activity Transported by school bus
 Driven in private vehicles Drivers required

Volunteer drivers must be at least 21 years old and have at least \$1,000,000.00 liability insurance. There must be a seatbelt for each child/youth and no air bag on the front passenger side unless the passenger is 12 years of age or older. Drivers are responsible for complying with all child/youth restraint/booster seat requirements. Driver must have completed an SD73 Volunteer Driver Form.

Booster Seat Requirements for Private Vehicles:

- My child is over 9 years of age **OR** over 4 ft. 9 in. ⇒ No booster seat is required
- My child is over 18 kg/40 lbs **AND** under 4 ft. 9 in. ⇒ A booster seat is required
- My child will bring a portable booster seat. (Please note that it is the responsibility of the parent or guardian to provide booster seats, when required, for school field trips.)

Parent Helpers Required: Yes No

Lunch Required: Yes No

*Thank-you to Skeetchestn for providing lunch.

Fee to be Paid: Yes No

Amount Required: \$ 0.00

* This permission slip must be returned for your child/youth's participation - written notes or phone calls will not be accepted to grant permission.

PERMISSION SLIP

I have read and am informed about the proposed field trip to Health & Career Fair on Wed. March 11, 2026 . I request that my child/youth _____ participate in this trip. I understand there is a cost involved and have enclosed \$ N/A with this form.

I, the undersigned parent or guardian of the above named student, request that my child/youth be allowed to participate in the event described above. Both my child/youth and I understand that Board Policy #240 *Student Behaviour – Discipline* applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

List medical conditions/medication the staff/supervisor should be aware of: _____

Please supply the school with: family physician, Care Card number and emergency numbers (if not already on file).

Parent/Guardian Signature: _____ Phone: _____ Cell: _____

I can help drive # _____ students with seatbelts. I can help supervise: Yes No

I have a Criminal Record Check on file at School Yes No

I have completed the Volunteer Driver Form Yes No

I have a Volunteer Driver Form on file with the office and all information is still current: Yes No

Teacher/Office Use Only

Fee for Field Trip Received: Yes No Amount: _____ Initials: _____